

## Patent Application Data Sheet

### Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable

Form (CRF)?:

Number of copies of CRF::

Title:: DIAGNOSIS OF DISEASE BY DETERMINATION OF  
ELECTRICAL NETWORK PROPERTIES OF A BODY  
PART

Attorney Docket Number:: 13180-31

Request for Early

Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?: Yes

Latin Name::

Variety denomination  
name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

### **Applicant Information**

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Adam

Middle Name::

Family Name:: Semlyen

Name Suffix::

City of Residence:: Toronto

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 2203-65 High Park Avenue

City of mailing address:: Toronto

State or Province of  
mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of  
mailing address:: M6P 2R7

Inventor Authority Type:: Inventor

Primary Citizenship  
Country:: Canada  
Status:: Full Capacity

Given Name:: Milan  
Middle Name::  
Family Name:: Graovac  
Name Suffix::  
City of Residence:: Toronto  
State or Prov. Of  
Residence:: Ontario  
Country of Residence:: Canada  
Street of mailing address:: 41 Sylvan Valleyway  
City of mailing address:: Toronto  
State or Province of  
mailing address:: Ontario  
Country of mailing address:: Canada  
Postal or Zip Code of  
mailing address:: M5M 4M4

### Correspondence Information

Correspondence Customer

Number:: 001059  
Phone Number:: (416)364-7311  
Fax Number:: (416) 361-1398  
E-Mail Address:: sbeney@bereskinparr.com

### Representative Information

<b>Representative</b>	
Customer Number::	001059

### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Continuation-in-part of	10/397,327	03/27/2003

### Foreign Priority Applications

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed</b>

### Assignee Information

Assignee name::  
Street of mailing address::  
City of mailing address::  
State or Province of  
mailing address::  
Country of mailing address::

Postal or Zip Code of  
mailing address::